STATE OF IDAHO IDAHO DEPARTMENT OF LANDS

APPLICATION FOR INTERNSHIP EMPLOYMENT

Please attach a resume containing work history, employer (supervisor and phone number), dates of employment and education. Please submit a current copy of your college transcripts.

Send completed applications to Teresa Sargent, Idaho Department of Lands, 954 West Jefferson Street, PO Box 83720, Boise, Idaho, 83720-0050 or e-mail tsargent@idl.idaho.gov.

Social Security Number			
Mr.			
Ms			
Last Name	First I	Name	Middle Initial
School Address			
Home Address			
City		State	Zip Code
Home Phone		Work/Other Phone	
E-mail address			
Emergency Contact Name and No	umber		
Date Available for Internship Prog	ıram		
Academic School or College			
Major		Minor	
Year in School G	GPA	Expect	ed Graduation Date
Please indicate those areas in which carefully and be specific. A SEPAR			pportunity. Consider your answers TED FOR EACH LOCATION.
	lle Lake Area, Sandp		
Are you available to appear at the Yes No	above location(s) fo	r an interview prio	r to hiring?
Do you have a valid driver's licens Yes No	se?		

Are you able to perform strenuous and arduous work outside for 8-12 hours per da Yes No	ıy?
Are you willing to handle/operate equipment such as chain saws, shovels, and fire Yes No	fighting equipment?
Have you ever entered a plea of guilty, no contest, or had a withheld judgment to a Yes No	ny felony?
If yes, please explain. Note: Each situation will be evaluated on a case-by-case ba	asis.
Are you 18 years of age or older? Yes No	
What are your objectives for participating in this internship program?	
Briefly describe why you should be selected for this internship program.	
By my signature, I authorize the Idaho Department of Lands to contact my former sup	ervisor.
Signature Date	

My signature certifies that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application will be rejected, my name removed from consideration or my employment with the state terminated.

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The Idaho Department of Lands is attempting to monitor recruitment and selection programs in order to ensure equal opportunity. We would appreciate your cooperation by voluntarily furnishing us with the information requested below. This information will be kept confidential and used only for affirmative action purposes as specified by law.

OF THE FOLLOWING, OF WHAT RACIAL/ETHNIC GROUP	DO YOU CONSIDER YOURSELF?
Black	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Hispanic (of Mexican, Puerto Rican, Cuban, Ce	entral or South American or other Spanish culture) or
White	
MARK THE FOLLOWING AS APPROPRIATE	
Male	
Female	
Name of City for Which You Are Applying	
Name (please print)	Date

My signature certifies that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application will be rejected, my name removed from consideration or my employment with the state terminated.